FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed

Effective May 1, 2010, all statements and reports for State PACs and State

Reset Form

Parties must be filed electronically.

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FORM	
DR-2	DISCLOSURE
(Rev. 12/2009)	REPORT
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COMMITTEE NAME (Must be same as on Statement of Organization) Brady Hanson IMPORTANT: Indicate by # type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (4)County Central Committee (5)County Candidate (6)City Candidate (7)School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC 11) Local Ballot Issue CANDIDATE COMMITTEES ONLY: Political Party (if applicable) Candidate Name Republican Brady Hanson District (if Senate or House) Office Sought Monona County Supervisor Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports. SIGNATURE OF PERSON FILING REPORT REPORT FOR (1) ELECTION /(2)NON-ELECTION YEAR. I AM FILING A Indicate by # (report date) CHECK IF AMENDMENT TO REPORT DATED ____ Local Committees, enter Date of Election ☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. County & Local Committees, enter County in (You must continue to file reports until a DR-3 is filed.) which Election is held STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end 1,129.66 of the last reporting period or must be zero if this is first report filed.)\$ ADD TOTAL MONEY TAKEN IN THIS PERIOD 130.00 Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) Schedule F: Loans Received total (Attach Schedule F) Schedule H: Total Sales of Campaign Property (Attach Schedule H)..... (Schedule H applies to Candidates' Committees Only) 1,259.66 SUB-TOTAL....\$ SUBTRACT TOTAL MONEY SPENT THIS PERIOD 291.50 Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)..... Schedule F: Loan Repayments total (Attach Schedule F)..... CASH ON HAND at the end of this reporting period (if final report balance must be zero)\$ **UNPAID BILLS (From Schedule D - Attach Schedule D).....\$ *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)......\$ **OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....\$ NO CONSULTANT BREAKDOWN (Schedule G Attached?) YES CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

SCHEDULE

(Rev. 07/03)

MONETARY RECEIPTS

CONTRIBUTIONS -- MONEY TAKEN IN

CHECK THIS BOX IF
AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
10/29/12	ID# CK#	Monona County Republicans	none	\$90.00	
10/29/12	ID# CK#	Ruth Jordan	none	\$20.00	
10/29/12	ID# CK#	Richard Wilson	none	\$20.00	
	ID# CK#				
			SUB-TOTAL	\$ 130.00	

TOTAL (if last page of this schedule)

of 1 (for Schedule A)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form	ı
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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE	
(Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAME	(Must be	same as on	Statement of	Organization)
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Brady Hanson

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/18/12	ID# CK#1031	Ryan Publishing	Ads	\$ 96.90
10/18/12	ID# CK# 1033	Onawa Sentinel	Ads	\$48.00
10/18/12	ID# CK# 1034	Onawa Democrat	Ads	\$48.00
11/08/12	ID# CK# ₁₀₃₅	Onawa Democrat	Ad	\$39.00
11/08/12	ID# CK# ₁₀₃₆	Onawa Sentinel	Ad	\$29.00
11/08/12	ID# CK#1037	Ryan Publishing	Ad	\$30.60
	ID# CK#			
	ID# CK#			
STATE OF THE PARTY	The second secon		SUB-TOTA	VI C

SUB-TOTAL \$

TOTAL (if last page of this schedule)

\$ 291.50

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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IMITTEE NAME	(Must be same as on St	atement of Organization)			F	LOAN
dy Hanson					(Rev. 02/08)	& REPA
F. This sehadu	la raparta manay laanad	to the committee which is deposited in	the committee as	ccount	CHECK	
		DRTING PERIOD \$		coount.	AMENDIN	NG FOR
TI- MONETA (Original s	RY LOANS RECEIVED Source of loan, such as a	THIS REPORTING PERIOD bank, must be shown if a third party is i	nvolved. Include	e loans from candid	ate's personal i	funds.)
DATE RECEIVED (MM/DD/YR)		AND ADDRESS OF LENDER (indorser's Name, If Applicable)	Management Co. Management Co.	ATIONSHIP TO ATE (If Applicable*)	AMOUNT	OF LOAN
(WIWI/DD/TR)					\$	STATE OF THE PARTY OF
					-	
ART II - MONE	TARY LOAN REPAYME	NTS MADE <u>THIS</u> REPORTING PERIO	TOTAL ((PART I)	\$	
(Loans	forgiven must be reported	d on Schedule E In-kind Contributions AND ADDRESS OF LENDER	D :.)	ATIONSHIP TO	AMOUNT	
DATE PAID (MM/DD/YR)	forgiven must be reported NAME / (Include B	d on Schedule E In-kind Contributions	D :.)		AMOUNT	REPAID
(Loans	forgiven must be reported NAME / (Include B	d on Schedule E In-kind Contributions AND ADDRESS OF LENDER	D :.)	ATIONSHIP TO	AMOUNT	REPAID
DATE PAID (MM/DD/YR)	NAME / (Include B Brady Hanson 34506 Hwy E34	d on Schedule E In-kind Contributions AND ADDRESS OF LENDER	D :.)	ATIONSHIP TO	AMOUNT	REPAID
DATE PAID (MM/DD/YR)	NAME / (Include B Brady Hanson 34506 Hwy E34	d on Schedule E In-kind Contributions AND ADDRESS OF LENDER	D :.)	ATIONSHIP TO	AMOUNT	REPAID
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DATE PAID (MM/DD/YR)	NAME / (Include B Brady Hanson 34506 Hwy E34	AND ADDRESS OF LENDER Endorser's Name, If Applicable)	REL CANDID	ATIONSHIP TO DATE* (If Applicable	968.	REPAID
DATE PAID (MM/DD/YR)	NAME / (Include B Brady Hanson 34506 Hwy E34	AND ADDRESS OF LENDER Endorser's Name, If Applicable)	REL CANDID	ATIONSHIP TO DATE* (If Applicable	\$ 968.16	REPAID
DATE PAID (MM/DD/YR)	NAME / (Include B Brady Hanson 34506 Hwy E34	AND ADDRESS OF LENDER Endorser's Name, If Applicable) TOTAL CAS From Schedule E TO	REL CANDID	ATIONSHIP TO DATE* (If Applicable	968.	16
DATE PAID (MM/DD/YR) 12-30-12 Disclosure law r	NAME A (Include Brady Hanson 34506 Hwy E34 Castana IA, 51010	AND ADDRESS OF LENDER Endorser's Name, If Applicable)	H REPAYMENT OTAL LOANS FOR END OF REPORT	ATIONSHIP TO DATE* (If Applicable	\$ 968.16 \$ 0	16